

ADDENDUM #1
Issue Date: 10/12/06

QUOTE 1823 OQ

FOR

Hardigg Case Model AL3418-1005

Addendum #1 to Quotation Request 1823 OQ, Hardigg Case Model AL3418-1005 to be opened on Thursday, October 12, 2006. will now be due on October 13, 2006.

Please replace the quotation request page you received previously with the attached page.

Note: Quote 1823 is now due Friday, October 13, 2006 at 4:30 pm.

All other terms, conditions and requirements of the quote request remain the same as originally indicated in the document.

Dated this 12th day of October, 2006.

Vince M. Mejer/sh
Purchasing Agent

CITY OF LINCOLN
COUNTY OF LANCASTER

Vince M. Mejer
Purchasing Agent

(402) 441-7410 FAX: (402) 441-6513
purchasing@lincoln.ne.gov

QUOTATION REQUEST

Quote Prices F.O.B. Destination
Lincoln, Nebraska

Date - 10/12/06
Order No. - 1823 OQ
Date Due - 10/13/06

QUOTATIONS MUST BE RECEIVED IN
THE PURCHASING DIVISION OFFICE BY
THE DUE DATE SPECIFIED ABOVE

PLEASE MAKE NECESSARY VENDOR
INFORMATION CORRECTIONS ON THIS FORM:

VENDOR INFORMATION

Purchasing Division
K-Street Complex
440 S 8th St Ste 200
Lincoln NE 68508

Return Quotation Request To:

Purchasing Division
K-Street Complex
440 S 8th St Ste 200
Lincoln NE 68508

Item Number / Description	Quantity	UM	Unit Price	Total Price
0000010 Miscellaneous	1	EA		

Hardigg Case Model AL3418-1005, Standard case includes:
Hinged Lid, Zinc Hardware, 2 Plastic Injection Molded
Handles, Case color: Grey

Options Needed:

1. Upgrade to Airtight Configuration w/Breather Valve and Continuous Airtight Seal
2. Add 2 Addition Handles on each side of case for a total of an additional 4 Plastic Injection Molded Handles

Please fax your quotation back to us by 4:30 p.m. on the
above referenced date. Fax to attention of Shelly Hinze
at 402/441-6513.

VENDOR MUST COMPLETE THE FOLLOWING

The undersigned represents and warrants that he/she has full and complete authority to submit this quotation and to enter into a contract upon acceptance by the City/County. The undersigned agrees to comply with all conditions above and on reverse side of this document.

COMPANY NAME

ADDRESS

TELEPHONE

FAX

EMAIL ADDRESS

BY (PRINT NAME)

SIGNATURE

TITLE

DATE

DELIVERY SCHEDULE

DAYS ARO